

- O. Each applicant/provider must establish and maintain procedures, competence, and capacity:
1. For assessment and individualized care planning and delivery;
 2. For discharge planning integral to treatment;
 3. For mobile care;
 4. To assure that each MHP makes timely clinical disposition decisions;
 5. To make timely referrals to other services;
 6. To refer for inpatient services or less restrictive alternative;
 7. To identify clients who need direct access to clinical staff, and to promptly provide such access.
- P. Each applicant/provider must establish, maintain, and document a quality improvement program, to include:
1. Evidence based practices;
 2. Use of agency wide outcomes measures to improve both client care and clinical practice that are approved by the agency's national accrediting organization. The following must be documented:
 - a. Measured outcomes, and
 - b. Sample report.
 3. Requirements for informing all clients and clients' responsible parties of the client's rights while accessing services.
 4. Regular (at least quarterly) quality assurance meetings that include:
 - a. Clinical Record Reviews: medical record reviews of a minimum number of randomly selected charts. The minimum number is the lesser of a statistically valid sample yielding 95% confidence with a 5% margin of error; or 10% of all charts open at any time during the past three (3) months;
 - b. Program and services reviews that:
 - i. Assess and document whether care and services meet client needs;
 - ii. Identify unmet behavioral health needs;
 - iii. Establish and implement plans to address unmet needs.
- Q. Technical Training and Consultation: Applicants may attend a "technical training for provider applicants" in-service training that will be conducted at least quarterly. The training explains the DBHS RSPMI certification application process and includes a